



What works? What fails?



FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

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Navrongo Health Research Centre

BEFORE THE BEGINNING

Prof Frederick Sai, Presidential Advisor on Reproductive Health, HIV/AIDS of the Republic of Ghana, is one of the architects of the Community Health and Family Planning Project. He has served as board member for several international organisations, including Family Health International, Family Care International, Population Action International, Population Council, and the International Planned Parenthood Federation...The "What works..." team paid a courtesy call on him at his residence in Accra. "What works..." notes 7, 8, and 9 are based on interactions with him.

WW: *It is a pleasure and a privilege to be able to talk with you and ask you a few questions based on your vast experience in the field of family planning and reproductive health. Since 1955 you have had a lifetime commitment of supporting family planning and women's reproductive health. What keeps you motivated and optimistic about the future of Ghana and Africa?*

Well, what keeps me motivated simply is the fact that the task is not done. That women are still dying; that many couples still do not have access to family planning methods. Women are still dying in pregnancy and in childbirth. Lots and lots of women are still dying from unsafe abortion or from natural miscarriages.

WW: *When did you realise this?*

Half a century ago! Before I completed my Medical studies in 1954 in the United Kingdom I took a degree in Physiology and I had the privilege to write a paper on Nutrition in the British Empire particularly in Africa. In researching for this paper, I found how far behind we were in nutrition in my country Ghana and in West Africa generally. So when I finished I went into Nutrition. It was then that I discovered for myself what rapid fertility contributed to childhood malnutrition in this country. The name Kwashiorkor which was

given to a disease which resulted from protein calorie malnutrition signifies the health of the first child when the second child was about to be born. When I started this if I asked a woman, 'your baby is suffering from kwashiorkor' she would probably say 'no but I am not pregnant'. Kwashiorkor to them was a syndrome of added children not from nutritional causes at all but probably from something else. So I started teaching my patients who were mothers about how to prevent the next birth.

WW: *You had already started talking about Family Planning!*

Yes, but that was unusual—in those days we were not allowed by the government in power to talk about family planning. The government's aim was to increase the

population as rapidly as possible. But when the government moved and another came in some friends and I who had started thinking and talking about family planning came together and formed the Planned Parenthood Association of Ghana (PPAG) which got affiliated to the International Planned Parenthood Federation (IPPF).

WW: *What was the immediate task of PPAG?*

We quickly got the government to write a population paper for the country. Although the policy has not been implemented satisfactorily at least a sound basis had been laid. The Busia government (1969-1972)



"Why are more women in Africa dying in childbirth than in other parts of the world?"- asks Prof Sai

endorsed the policy but didn't give much attention to it. After the coup the military government that took over made some attempts to implement it and we tried as much as we could to help in that direction. But all this did not give the kind of strength that one would like to see from government.

WW: What was the situation like in other parts of the world?

Very much the same like in Ghana. I had moved to the IPPF in London and from there I was able to see what was happening in the rest of the world. I saw Bangladesh and what the programme was doing there. I went to Thailand and I was part of the group that facilitated the first grant to the NGO headed by Michai and which has done very well indeed. I saw programmes in Latin America which were also doing well. If you are interested in getting something done in your country nothing will motivate you better than to see in practice what you are thinking about or that what you are helping to do actually works somewhere in circumstances which are not too different from your own. Bangladesh and Pakistan which I saw were not more educated or better organised than Ghana. So there was no reason why if these things had worked well there they should not work in Ghana.

WW: But soon you were back in Ghana, did you try testing some of the ideas you picked from abroad?

Oh yes we did. When we returned we started things like the Danfa project in the late 60s and 70s trying to make family planning and reproductive health much more accessible to the client. That worked to an extent but I left the country again before the policy was finally implemented and I don't believe it attained its full potential.

WW: Could we talk a little bit more about your work internationally?

When I was with IPPF then quite accidentally I was invited to join the World Bank. From there I was able to see how much comprehensive approaches to these things could work even better than one was thinking of. The development parameter which was necessary to get these things really to move properly came very much more to the forefront of my activities than they had been in the past. Even though in the past I had recognized, as everybody else, that education and the emancipation of women and their ability to control their own lives and their own resources held probably the number one key to their being able to practice family planning properly and being able to have safe pregnancy and delivery.

WW: Anytime you went abroad you always came back with something to try on the local front!

Well, to some extent yes. But this is how one has moved until Dr. Jim Phillips of the Population Council in New York discussed with me the possibility of his being involved in a demographic and health research activity in Ghana. The aim was to be able to get a proper serial or documentation of changes as they take place. Not only changes in terms of births and deaths, population growth but in terms of attitudes, in terms of practices and in terms of what the people would themselves want to see—how they understood their own contribution to their own development.



In cosmopolitan centres, worldwide mothers and their children survive as a matter of course

Send questions or comments to: What works? What fails?

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